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Standards Development

Development of the ACA standards began in 1974 with an extensive program of drafting, field testing, revising, and approving standards for application to all areas of corrections. Since then, approximately 1,500 correctional facilities and programs have adopted the standards for implementation through accreditation, and many others have applied the standards informally themselves.

In the development of standards, the goal was to prescribe the best possible practices that could be achieved in the United States today, while being both realistic and practical. Steps were taken to ensure that the standards would be representative of past standards development efforts, reflect the best judgment of corrections professionals regarding good corrections practice, recognize current case law, and be clear, relevant, and comprehensive. The standards development and approval process has involved participation by a wide range of concerned individuals and organizations. Twenty-four manuals of standards are now used in the accreditation process:

Standards for the Administration of Correctional Agencies
Standards for Adult Parole Authorities
Standards for Adult Probation and Parole Field Services
Standards for Adult Correctional Institutions
Standards for Adult Local Detention Facilities
Standards for Small Jail Facilities
Standards for Electronic Monitoring Programs
Standards for Adult Community Residential Services
Standards for Adult Correctional Boot Camps
Standards for Correctional Industries
Standards for Correctional Training Academies
Standards for Juvenile Community Residential Facilities
Standards for Juvenile Correctional Facilities
Standards for Juvenile Probation and Aftercare Services
Standards for Juvenile Detention Facilities
Standards for Juvenile Day Treatment Programs
Standards for Juvenile Correctional Boot Camps
Standards for Therapeutic Communities
Standards for Small Juvenile Detention Facilities
Standards for Performance-Based Health Care in Adult Correctional Institutions
Core Jail Standards
Standards for Food Service Programs
Standard for Adult Correctional Institutions (in Spanish)
International Core Standards

The standards establish clear goals and objectives critical to the provision of constitutional and humane correctional programs and services. The standards include the requirement for practices to promote sound administration and fiscal controls, an adequate physical plant, adherence to legal criteria and provision of basic services. Basic services called for by the standards include

the establishment of a functional physical plant, training of staff, adoption of sanitation and safety minimums, and provision of a safe and secure living environment. In offering specific guidelines for facility and program operations, the manuals of standards address due process and discipline, including access to the courts, mail and visitation, searches, and conditions of confinement of special management offenders.

The standards are systematically revised to keep pace with the evolution of correctional practices and case law, after careful examination of experiences, and after applying them over a period of time and circumstances. The ACA Standards Committee, which includes membership from the Commission on Accreditation for Corrections, is responsible for standards development and revision.

The ACA publishes biennial supplements to the standards with updated information and clarifications until new editions of standards manuals are published. Each supplement addresses standards interpretations, deletions, revisions, and additions for all manuals of standards issued by the Standards and Accreditation Department.

Suggestions and proposals for revisions to the standards from the field and others interested are encouraged. The Standards and Accreditation Department has developed a standards proposal form specifically for this purpose. The standards proposal form can be obtained from the Standards Supplement, the ACA website, or Standards and Accreditation Department staff (Appendix A). Proposals should be submitted via the ACA website. The Standards Committee meets before each ACA Conference to review proposed standards.

Most standards contain one or more of the following elements:

- Requirement for policy and procedure
- Required condition
- Specific number; i.e. space, time, ratio
- Requirement that a process be in place

The discussion or comment that follows most of the standards is designed to clarify the standard, provide guidance as to the intent of the standard, and offer information that might be used in implementing the standard. The agency is not held accountable for meeting conditions or suggestions contained in the comment section of a standard. Likewise, in Performance-Based Standards manuals, there are protocols and process indicators for each standard. These are examples of what may be used to document compliance and should not be considered all encompassing.

Each standard has a weight of mandatory and non-mandatory, which is used in determining compliance levels. Mandatory standards address conditions or situations that affect the life, health, and safety of offenders, staff, and/or the public. One hundred percent of the applicable mandatory standards must be met for an agency to become accredited. Agencies must also meet

ninety percent of applicable non-mandatory standards, as well as any other criteria stipulated in the policies and procedures of the Standards and Accreditation Department, including the submission of responses for non-compliant standards.

For every standard in the manual, the agency must reach a conclusion about applicability and compliance. The agency must meet every element of the standard in order to comply. Most standards require evidence of written protocols (policy and procedure) and process indicators (practice) documentation demonstrating implementation of the standard consistent with the protocols.

provide a staff person to take notes for the team during the tour.

Standards Compliance Review

Visiting committee members spend much of their time during the audit reviewing the standards and documentation folders prepared by the agency to demonstrate compliance.

The agency will provide a room for the auditors to review standards folders that provides adequate seating and a table in an environment that affords privacy and an atmosphere conducive to working. The room should contain the standards folders and supporting manuals. The visiting committee reviews selected case files, standards folders, personnel records, the significant incident summary, and the outcome measures. It may be necessary for the visiting committee to travel to alternate locations to review personnel files, medical records, etc in order to comply with privacy laws, HIPAA regulations, or institutional policies and procedures.

It is recommended that the agency be reminded by the chairperson that materials provided to supplement existing documentation in the folders may not be created once the audit has commenced.

In addition, interviews with individual staff and offenders are conducted as necessary to supplement written evidence of compliance. The visiting committee will inquire whether any staff or offenders have requested to visit with the visiting committee and will make every effort to respond to those requests. The visiting committee will also talk to offenders who have written to ACA if provided such documents. The agency ensures that all appropriate personnel are available to the visiting committee during the audit.

Interpretation of Standards

The auditor must be familiar with and understand the intent of the standard. Standards interpretation must not be adapted or adjusted to meet the individual characteristics of an agency or local regulations. Standards identify what is to be achieved not how to achieve it. The method an auditor's agency utilizes to achieve compliance is not necessary the only way to reach the same goal. The comments and protocols portion of the standards are to provide clarification of the standard expectation and examples of possible sources for supporting documentation or process indicators. These sections are not part of the standard and are not to be incorporated into compliance expectations. Standards' manuals contain a glossary which should be utilized to create common understanding of the terms and phrases found in the standards. If the visiting committee is unsure of an interpretation of a standard the Accreditation Specialist is to be contacted.

Determining Compliance

- Implementation of existing policy procedure
- Implementation of new policy

➤ Compliance with physical plant requirements

Verbal confirmation alone is insufficient to establish compliance. Appropriate written documentation and/or observation *must* support verbal reports.

Auditors are restricted to evaluating compliance with the standard not the *comment*. The *comment* that accompanies some standards is included only to clarify the intent of the standard and may provide *examples* of documentation sources to *support compliance*. *Items addressed in the comment that go beyond the standard are not binding* on the agency and should not be audited.

The mandatory standards folders review begins following the tour and should be completed by the close of the first day of the audit to allow the agency, the visiting committee, and the Standards and Accreditation staff adequate time to address questions regarding mandatory standards that may arise prior to the end of the audit.

Each team member reviews designated sections of the manual and is authorized to independently determine compliance with all standards. The visiting committee's findings for each standard are recorded on the same standards compliance checklist used by the agency in preparing its self-evaluation report. *Where collective decisions are required* (non-compliance, and non-applicable standards), the concurrence of all visiting committee members is indicated by their signatures on the checklist. If not all members agree on a finding of non-compliance or non-applicable, the minority auditor may write a dissenting opinion for that standard. The chairperson will attach the dissenting opinion in the report if not prepared on the checklists. The dissenting opinion should also be emailed to the ACA Accreditation Specialist overseeing the audit.

Noncompliance should be found only after the agency has been given the opportunity to present additional documentation (or photographs, architectural rendering, reports) that existed *prior to the start* of the audit and within the audit cycle dates. When non-compliance is determined by the team, the designated agency liaison must be notified. If a mandatory standard is believed to be non-compliant, the ACA Director of Standards and Accreditation must be contacted by the committee chairperson. Issues, questions, or standards requiring special consideration are discussed by all team members and if necessary, referred to Standards and Accreditation Department staff.

It is the agency's responsibility to provide the documentation necessary to demonstrate compliance with each standard. In addition, the following principles and guidelines apply for review of documentation by the visiting committee:

- Process indicators created once the audit has started will not be accepted. It is permissible to provide additional documentation should the visiting committee request it, but such documentation must already have been in existence when the audit began. Once the audit is concluded, an agency cannot bring itself into compliance with a standard for the purpose of changing the compliance tally unless a re-audit is conducted. Compliance achieved subsequent to an audit is reflected in the agency's annual certification, during monitoring visits, and during the reaccreditation.

- Auditors review a random selection of personnel and offenders files to ensure that forms are completed properly and records (in agencies serving 200 offenders or more) are reviewed during the audit. In small community residential programs of approximately 25 beds, all of the case records are reviewed. ***Personnel and/or offender client records are never removed from the audit site.***
- Documentation for agencies going through the process for the first time must demonstrate:
 - Continuous implementation of policies and procedures that were already in place when the agency formally entered into the process and that meet the standard implementation of policies and procedures that were initiated during Correspondent and Candidate Status from the point of their development (normally 12 months is required, however when limited time is available to generate support documentation for newly-implemented policies and procedures, ***exceptions may be granted by the Director of Standards and Accreditation***).
 - Staff and offender records that reflect newly-implemented policies, procedures, practices and forms where local policy and procedure have been developed to meet the standard, the auditors verify the authority of the facility/program to do so. Local policy is usually developed to adapt parent agency policy to local needs. Agencies should not assume that decisions rendered for other facilities/programs within the same agency are necessarily applicable agency-wide, unless the Association has issued a statement to that effect.

Remember: it is the agency's responsibility to provide the documentation supporting compliance; it is the auditor's responsibility to request additional information as needed.

If compliance with a standard is problematic or questionable, the agency may use photographs to assist the Commission panel in reaching a decision at the time of the hearing. Offenders should not be identifiable in photographs. If it is necessary for photographs to be included in the visiting committee report, the chairperson should request that they are taken by the agency and forwarded following the audit.

Auditors must interpret standards objectively and strictly. The auditor's experience is an essential part of the accreditation process but there are many paths to achieving compliance. Auditors must avoid applying their method of reaching a goal as the only road to compliance. If compliance is questionable or a standard is not fully documented, the auditor concludes non-compliance. The agency may appeal such findings by the audit team in its response to the visiting committee report and to the Commission at the time of the hearing. ***The Commission on Accreditation for Corrections renders the final compliance decision.***

Each auditor is responsible for ensuring their review of each standard folder assigned to them. It is important that the auditor be able to quickly identify which standard folders they have completed (and signed the checklist) as ***compliant***, which standards have been determined to be

non-applicable, which standard folders have been submitted to the agency liaison for further information or clarification, and which standard folders have been identified as non-compliant. At the end of each day, the visiting committee should close out internally to identify which folders are non-compliant, non-applicable, and returned to the agency/facility for additional documentation. Prior to the calculation of the score and the exit interview, every standard folder and compliance determination must be accounted for and each checklist identified with the required signatures as ***compliant, non-compliant, or non-applicable***.

If during the audit it is determined that a mandatory is non-compliant or there is more than ten percent of the applicable non-mandatory standards non-compliant, the Director of Standards and Accreditation Department will be notified. The Director and Chairperson will discuss the next steps. Generally during an initial accreditation, the audit is turned into a technical assistance visit; while during a reaccreditation audit, the audit would continue. This decision will be made in consultation between the agency/facility, visiting committee and Director of Standards and Accreditation Department. If the audit is turned into a technical assistance visit, the committee will teach and mentor the agency/facility on how to make the non-compliant standards compliant. At no time will auditors promote private consulting.

Interviews

- Visiting committee members conduct both formal and informal interviews with all levels of agency staff and offenders during the audit. Interviews provide insight into quality of life and staff morale. The visiting committee selects the individuals to interview and the issues to discuss in order to obtain verbal confirmation of standards compliance and clarify problems that may surface during reviews of documentation. ***Offender interviews are voluntary*** as requested or agreed to by the offender. In addition to the voluntary interviews that occur at random, the following guidelines apply in conducting interviews during the audit:
- In auditing large institutions and training schools, all department heads should be interviewed. Offenders who have sent correspondence to the Standards and Accreditations Department may be interviewed. The Accreditation Specialist may notify the chair of such requests prior to the audit.
- In cases where the facility is under court order, the court master, judge, or appropriate individuals connected with the case may be interviewed. Independent, qualified sources including the fire marshal, health inspector, and consulting medical personnel may be interviewed or contacted when it is necessary to verify standards compliance
- Other individuals who respond to the invitation or comments contained in the posted announcement of the audit may be interviewed, including an institutional ombudsman, members of offenders' families, representatives of public interest groups, etc....
- During the initial tour and any revisit to areas, offenders and staff should be interviewed.
- Auditors concluding their file review prior to the scheduled exit interview should spend

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

STEPHEN MCCOLLUM, *et al.*,
Plaintiffs,

v.

BRAD LIVINGSTON, *et al.*,
Defendants.

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§
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§
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§
§
§
§

CIVIL NO. 4:14-CV-3253

Exhibit 56

Part 2: Physical Plant

Dayrooms

4-4149

(Ref. 3-4142)

Each dayroom provides a minimum of 12 square feet of transparent glazing with a view to the outside, plus two additional square feet of glazing per inmate whose room/cell does not contain an opening or window with a view to the outside. (New Construction Only)

Comment: Many inmates spend most daylight hours outside of their cells, often in their dayroom, and the standard gives designers increased options for providing natural light.

Noise Levels

4-4150

(Ref. 3-4143)

Noise levels in inmate housing units do not exceed 70 dBA (A Scale) in daytime and 45 dBA (A Scale) at night.

Comment: None.

Indoor Air Quality

4-4151

(Ref. 3-4144)

Circulation is at least 15 cubic feet of outside or recirculated filtered air per minute per occupant for cells/rooms, officer stations, and dining areas, as documented by an independent, qualified source. (Renovation, Addition, New Construction Only)

Comment: Mechanical ventilation may provide for recirculation of outside air except where prohibited by codes. The outside air requirements may be reduced to a minimum of 33 percent of the specified ventilated air quantity if adequate temperature control is provided in addition to filtering equipment so that the maximum concentration of particles entering the space is reduced to acceptable limits. In no case should the outdoor air quantity be less than five cubic feet per minute per person.

4-4152

(Ref. 3-4145)

Circulation is at least ten cubic feet of fresh or recirculated filtered air per minute per occupant for inmate rooms/cells, officer stations, and dining areas, as documented by an independent, qualified source. (Existing)

Comment: None.

Heating and Cooling

4-4153

(Ref. 3-4146)

Temperatures in indoor living and work areas are appropriate to the summer and winter comfort zones.

Comment: Temperature and humidity should be capable of being mechanically raised or lowered to an acceptable comfort level.

STANDARDS FOR ADULT CORRECTIONAL INSTITUTIONS

Fourth Edition

American Correctional Association

**in cooperation with the
Commission on Accreditation for Corrections**

January 2003

**Updated with corrections from the Errata Sheet
of the 4th Edition, July 1, 2003.**

Mission of the American Correctional Association

The American Correctional Association provides a professional organization for all individuals and groups, both public and private, that share a common goal of improving the justice system.

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